

Techniques to reduce Medical Necessity and Level of Care (MNLOC) Assessment and Electronic Individual Service Plans (EISP) Errors and Processing Delays

The Texas Health and Human Services Commission (HHSC) and Texas Medicaid & Healthcare Partnership (TMHP) issue this provider notification to remind providers of the appropriate steps to correct or inactivate Medical Necessity and Level of Care (MNLOC) Assessments and the process for submission of electronic Individual Service Plans (EISP).

Example Scenarios

Form Type	Issue	Action
MNLOC - Correction	MCO / Provider wants to correct an error on the previously submitted MNLOC.	<ol style="list-style-type: none"> 1. If it has been 14 calendar days or less from the date of submission the assessment can be corrected on the LTC Online Portal by using the "Correct this Form" tab. 2. If it has been more than 14 calendar days from the date of submission, <i>or</i> a correction is needed to a non-correctable field, the assessment must be inactivated
MNLOC - Inactivation	<p>MCO / Provider wants to delete a previously submitted assessment. Reasons for in-activations:</p> <ol style="list-style-type: none"> 1. A correction of a MNLOC is needed but more than 14 calendar days have passed. 2. A correction is needed to a non-correctable field (refer to the Waiver User Guide for a complete list of these fields). 3. The assessment was submitted in error. 	<p>If the assessment has moved to a status of Processed/Complete, inactivate the assessment, and <i>add a note</i> in the comment section related to the reason the assessment is inactivated. This will assist Program Support Unit (PSU) staff if the assessment must be manually removed from the Service Authorization System (SAS).</p> <p>The previous assessment can be used as a template to resubmit the assessment with the correct information. DO NOT resubmit a new assessment prior to inactivating the assessment. This causes the new assessment to move to Community Service CS-Provider-Action-Required status, and the inactivated assessment to move to the status of Submitted to CS.</p>

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Submission of an EISP	MCO wants to submit the EISP.	<ol style="list-style-type: none"> 1. Ensure the MNLOC is in one of the following statuses before attempting submission: <ol style="list-style-type: none"> a. Processed/Complete b. CS-Processed/Complete 2. DO NOT attempt submission of an EISP if the MNLOC is not in one of the above noted final statuses, as the EISP will not be accepted. 3. If an MNLOC remains in a pending status: <ol style="list-style-type: none"> a. If submitted to Manual Workflow for more than seven business days, notify PSU by posting Form H2067-MC to TxMedCentral. b. The TMHP Long-Term Care Helpdesk will not be able to assist in resolving assessments in this status. 4. If the MNLOC is in a Provider Action Required status, the MCO should follow the instruction provided in the error message <i>or</i> contact your PSU for assistance to address the error message from the SAS system.
ISP Rejections	<ol style="list-style-type: none"> 1. Member not found 2. ISP dates not in expected range: <i>Example: MN submitted and approved on Aug. 5; ISP state date is listed as Aug. 1.</i> 	<ol style="list-style-type: none"> 1. Notify PSU by posting Form H2067-MC in TxMedCentral and request manual processing. 2. Documentation must match. <ol style="list-style-type: none"> a. MN effective dates should not be greater than the ISP start date. <i>Example: MN effective date September 5, 2016 - ISP start date is noted as September 1, 2016.</i> b. Ensure submission of reassessments are timely. HHSC can and will start liquidated damages for

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	<p>3. Member not Active for ISP dates to the rejections</p>	<p>ISPs that are not posted 30 days prior to the expiration of the current ISP.</p> <p>Please note: Assessments for medical necessity (MN) can be submitted up to 90 days before the current ISP expiration date.</p> <p>If the MNLOC assessment is not submitted timely the ISP must be submitted manually; the MCO must post Form H2067-MC in TxMedCentral and note the reason for manual submission of the ISP.</p> <p>3. This error message is received when an eligibility segment ends during the ISP range. The MCO will be required to complete Form H2067-MC to the PSU (noting the reason) and post it and the ISP to TexMedCentral for manual processing.</p>
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Please Note: the status below: "**Submitted to manual workflow**" means the assessment has been submitted to PSU for processing. **TMHP** and the **Department of Aging and Disability Services (DADS)** cannot take action on these forms. *DADS is looking into updating the SAS error message to avoid confusion.*

SAS Request Pending	9/26/2016 1:43:08 PM
9/26/2016 1:43:08 PM	TMHP : The request is being processed by DADS. Please allow 2-4 business days for the next status change.
Rejected by SAS	9/27/2016 4:36:48 AM
9/27/2016 4:36:48 AM	TMHP : GN-9010: This form must be manually processed by DADS. Contact Provider Claims Services for assistance.
Submitted to manual workflow	9/27/2016 4:36:48 AM
9/27/2016 4:36:48 AM	TMHP : Form submitted to manual workflow

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MCOs must use the Medicare-Medicaid Plan (MMP) plan code (*vendor number / site ID*) for Home and Community Based Services (HCBS) STAR+PLUS Waiver members who are participating in the dual demonstration.

MCOs and Providers should **always** verify the status of the MNLOC via the LTC Online Portal, using Form Status Inquiry or Current Activity.

For more information, call the Long-Term Care Help Desk at 1-800-626-4117.